Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11/11/2010	Address:	C.R. 300 N. @
Case #:	<u>42-31422</u>		TAYLOR RD.
County:	BARTHOLOMEW		
Type of Laboratory Scizure (check one) 5		Scizure Location (check all that apply)	
Operation Chemic Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, cte) (check all that apply)			
Yes No *If yes, fax re This repor	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen	☐ Ephedrin☐ Retail/Mo☐ Other:☐	ocation:
_	ment: COLUMBUS TWNSHP. artment: BARTHOLOMEW CO.	Fax: <u>812-3</u> Fax: <u>812-3</u>	
-	etion Service: N/A	Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer; MARTIN A. MEAD Phone 812-522-1441			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the ease file, and a copy sent to the Clandestine Laboratory Team Leader for retention.